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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: James S. Neumiller,  
Gary D. DeBardi, and  
Patrick F. Kelly  
Group Art Unit: 2152  
Serial No.: 10/056,554  
Examiner: Unknown  
Filed: January 23, 2002  
Docket No.: 1023-029US01  
Title: HAZARD MITIGATION IN MEDICAL DEVICE

CERTIFICATE UNDER 37 CFR 1.8: I hereby certify that this correspondence is being deposited with the United States Post Service, as First Class Mail, in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on April 16, 2002.

By: Samantha Rupert  
Name: Samantha J. Rupert

REQUEST FOR CORRECTED FILING RECEIPT

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Commissioner for Patents  
Washington, D.C. 20231

JUN 24 2002

Dear Sir:

Technology Center 2100

Enclosed is a photocopy of the filing receipt from the United States Patent and Trademark Office in the above-identified application showing requested corrections. The filing receipt is erroneous in the following respects as reflected in the papers originally filed. The filing receipt indicates a Non-Publication Request was sent with this application. Enclosed is a copy of the Transmittal Letter and a copy of the returned postcard showing that a Non-Publication Request was not included with this application.

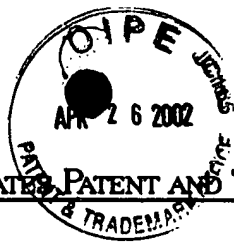
Correction of the records of the United States Patent and Trademark Office and issuance of a corrected filing receipt are respectfully solicited.

Date: 4-16-02

SHUMAKER & SIEFFERT, P.A.  
8425 Seasons Parkway, Suite 105  
St. Paul, Minnesota 55125  
Telephone: 651.735.1100  
Facsimile: 651.735.1102

By: [Signature]

Name: Steven J. Shumaker  
Reg. No.: 36,275



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
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10/056,554	01/23/2002	2152	938	1023-029US01	3	31	3
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28863  
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ST. PAUL, MN 55125

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FEB 25 2002

CONFIRMATION NO. 8831

FILING RECEIPT



\*OC000000007492669\*

Date Mailed: 02/19/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

James S. Neumiller, Redmond, WA;  
Gary A. DeBardi, Kirkland, WA;  
Patrick F. Kelly, Edmonds, WA;

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**Domestic Priority data as claimed by applicant**

Technology Center 2100

**Foreign Applications**

**If Required, Foreign Filing License Granted 02/19/2002**

**Projected Publication Date: Request for Non-Publication Acknowledged**

**Non-Publication Request:** *Yes No*

**Early Publication Request:** No

**Title**

Hazard mitigation in medical device

**Preliminary Class**

709



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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: James S. Neumiller,  
Gary A. DeBardi and  
Patrick F. Kelly

Filed: Herewith

Docket No.:

1023-029US01

Title: HAZARD MITIGATION IN MEDICAL DEVICE

CERTIFICATE UNDER 37 CFR 1.10:

"Express Mail" mailing label number: ET794284577US  
Date of Deposit: January 23, 2002

ET 794284577 US

I hereby certify that this paper or fee is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Commissioner for Patents, Washington, D.C. 20231.

By: Samantha J. Rupert  
Name: Samantha J. Rupert

REQUEST FOR PATENT APPLICATION UNDER 37 C.F.R. § 1.53(b)

BOX PATENT APPLICATION

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Sir:

We are transmitting herewith the attached correspondence relating to this application:

- ☒ Transmittal sheet containing Certificate of Mailing.
- ☒ Utility Patent Application: Spec. 12 pgs; Claims 4 pgs; Abstract 1 pg.  
The fee has been calculated as shown below in the "Claims as Filed" table.
- ☒ 3 sheets of informal drawings.
- ☒ Signed Combined Declaration and Power of Attorney (4 pgs.)
- ☒ Assignment including Recordation Form Cover Sheet, and fee of \$40.00.
- ☒ Check in the amount of \$978.00: \$938.00 for filing fee and \$40.00 for assignment fee.
- ☒ Return postcard.

CLAIMS AS FILED

Number of Claims Filed	In Excess of:	Number Extra	Rate	Fee
Basic Filing Fee				\$740.00
Total Claims				
31	20	11	x \$18.00 =	\$198.00
Independent Claims				
3	3		x \$84.00 =	\$
MULTIPLE DEPENDENT CLAIM FEE				
TOTAL FILING FEE				\$938.00

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The Patent and Trademark Office date stamp sets forth the date of receipt of:

- ☒ Transmittal Letter
- ☒ Utility Patent Application

1017 U.S. PTO  
10/056554  
01/23/02

Applicant: James S. Neumiller, Gary A. DeBardi and  
Patrick F. Kelly

Docket No.: 1023-029US01

Title: HAZARD MITIGATION IN MEDICAL DEVICE

Pgs of Specification 17  
(including Claims and Abstract)

Number of Claims: 31 Sheets of Drawings: 3

☒ Declaration ☒ Assignment ☒ Certif. Of Mailing

Check in the Amount \$978.00

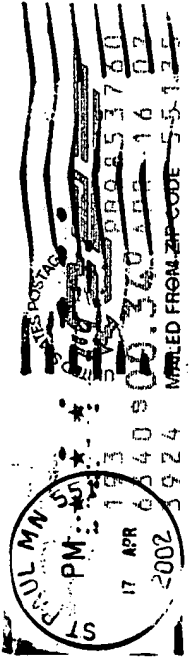
Date Mailed: January 23, 2002

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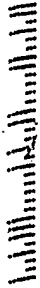
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Shumaker & Sieffert, P.A.  
8425 Seasons Parkway, Suite 105  
St. Paul, MN 55125

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Bib Data Sheet

CONFIRMATION NO. 8831

<b>SERIAL NUMBER</b> 10/056,554	<b>FILING DATE</b> 01/23/2002 <b>RULE</b>	<b>CLASS</b> 709	<b>GROUP ART UNIT</b> 2152	<b>ATTORNEY DOCKET NO.</b> 1023-029US01
<b>APPLICANTS</b> James S. Neumiller, Redmond, WA; Gary A. DeBardi, Kirkland, WA; Patrick F. Kelly, Edmonds, WA;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/19/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 28863				
<b>TITLE</b> Hazard mitigation in medical device				
<b>FILING FEE RECEIVED</b> 938	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	